# Notes/Changes

- Briefer – if service members are completing the health assessment through AKO you may hide/omit/modify slides 25 though 31. They are for use if the service member is filling out the hard copy form DD 2796
- V03.06 – added Post-Deployment Health Reassessment Form information

OPERATION
IRAQI
FREEDOM

# Re-Deployment Medical Threat Briefing

## Name & Unit

**Prepared by:**
**U.S. Army Center for Health Promotion and Preventive Medicine**
**(800) 222-9698/ DSN 584-4375/(410) 436-4375**
**http://usachppm.apgea.army.mil**

# Re-deployment Medical Briefing

- Purpose of this briefing
- Background on health concerns
- Health threats from this region
- Re-deployment medical requirements
- Homecoming Stress
- Summary and where to get more infor

# Purpose of this briefing

To ensure that any concerns you may have about your health are addressed and that you understand the medical requirements for re-deployment

# Background

- Over 300,000 US and Coalition Forces are re-deploying from support of Operation Iraqi Freedom
- Of utmost importance is force health protection and addressing concerns you might have about your health

# Medical Requirements for Re-deployment

- In-theater
  - **Receiving this post-deployment medical threat briefing**
  - Completing the Post-Deployment Health Assessment (DD Form 2796)
  - Receiving post-deployment medical screening (of 2796), testing, and follow-up
  - Understanding where to go for health problems or concerns after you return home
- Home Station
  - Tuberculosis skin test (TB), blood draw and any indicated referral appointments, DD2900

# Medical Threats for the Region

- Threat Categories
  - Infectious
  - Vector borne
  - Animal associated
  - Environmental

- Diarrheal diseases
- Tuberculosis
- Malaria
- Dengue
- Meningococcal Meningitis
- Leishmaniasis
- Q-Fever
- Rabies
- Avian Influenza
- Sandfly Fever
- Schistosomiasis
- Typhoid/Paratyphoid
- Typhus
- Boutonneuse Fever
- West Nile Fever
- Leptospirosis

# Common Health Problems Reported

The most commonly reported health problems observed in theater:

- Upper respiratory illness
- Diarrhea

# Upper Respiratory Infection

- Can be caused by a number of different things, viruses, bacteria, dust particles
- The contributing factors are close living quarters, variation in sleep routine, stress, change in hygiene habits
- Symptoms resolve in a few days
- If you are experiencing signs of a cold, like draining sinuses, sore throat or cough for more than 2 weeks, seek medical attention

# Diarrheal Diseases

- It is normal for almost everyone to have some bowel disturbances due to changes in diet and eating habits
- Can be caused by bacteria, viruses, or parasites
- If you currently have diarrhea symptoms (loose watery stools, more than 3 times per day), speak to a health care provider

# Infectious Diseases: STDs/Bloodborne

- Sexually Transmitted and/or Bloodborne Diseases
  - HIV/AIDS
  - Gonorrhea
  - Chlamydia
  - Syphilis
  - Hepatitis B

If you abstained from sexual contact while deployed, you are not at risk for STDs

# Infectious Diseases: Tuberculosis

- Tuberculosis disease is present in the Iraqi local population
  - Caused by a bacteria spread by coughing, sneezing, speaking, or spitting from infected persons
- Symptoms
  - Cough continuing for a long time, chest pain, weight loss, night sweats, fever, and weakness
- The TB skin test will show if you have been exposed to someone with active disease, not necessarily that you have the disease

# Infectious Diseases: Malaria

- Blood parasite transmitted by mosquitoes
  - Disease is not in Kuwait
  - Your risk is very low in most Iraq locations and is seasonally influenced
- Symptoms
  - Incubation period: 8-14 days
  - Symptoms: fever, flu-like illness, chills, headache, muscle aches, and fatigue

- If you are at high risk of getting this disease you will be told to take malaria drugs
  - Follow your instructions completely to avoid getting sick!

# Infectious Diseases: Leishmaniasis

- A parasite transmitted by sand fly bites
- Symptoms
  - Non-healing sores
  - Sometimes - fever, weight loss, weakness, anemia, swelling of spleen and liver
  - Symptoms can appear weeks to months after getting bitten
- If you experience any of these symptoms, while deployed or after you get home, make sure you speak to a health care provider!

**Sand flies are very small - only one-third the size of mosquitoes.**

# Animal Associated Diseases

- Naturally occurring Anthrax
- Rabies
- Avian Influenza

# Anthrax (Naturally Occurring)

- No exposure to bioagent Anthrax reported
  - Bacteria transmitted by animals, animal hides or contaminated mea
- Symptoms
  - On skin. Progresses from bump → blister → ulcer, swelling, and fever

- If you have an ulcer with a black scab or that has had a difficult time healing, please make sure you speak to a health care provider

# Rabies

- The wild dogs roaming troop areas in Kuwait and Iraq could be carrying rabies
- Caused by virus in the saliva of infected mammals or bats
- Rabies is nearly 100% fatal
- If you were bitten by a dog, or any other animal, post exposure treatment must be started immediately

# Animal Contact Diseases

## Avian Influenza H5N1

- Rare cases of H5N1 influenza could occur in operational forces exposed to infected poultry flocks.
- In the unlikely event that H5N1 influenza gains the ability to efficiently spread directly from person to person, initiating a human influenza pandemic, a significant number of operational forces worldwide could be affected.
- Very severe illness; fatality rate higher than 50% in symptomatic cases
- Seek medical treatment immediately if you feel ill.

# Other Disease Threats

- Other less common infectious diseases are covered in your ***Redeployment Medical Guide for Missions in Support of Operation Iraqi Freedom*** tri-fold

# Environmental Threats

- Environmental assessments ongoing at all primary troop locations in Kuwait and Iraq
- Air, soil and water analyzed for:
  - Pesticides
  - Chemicals and heavy metals
  - Radiation
- As of May, 2003, particulate matter (dust) levels were a moderate hazard but no other health risks found
- Smoke from battlefield and oil well fires was not a health hazard

# Environmental Threats: Dust

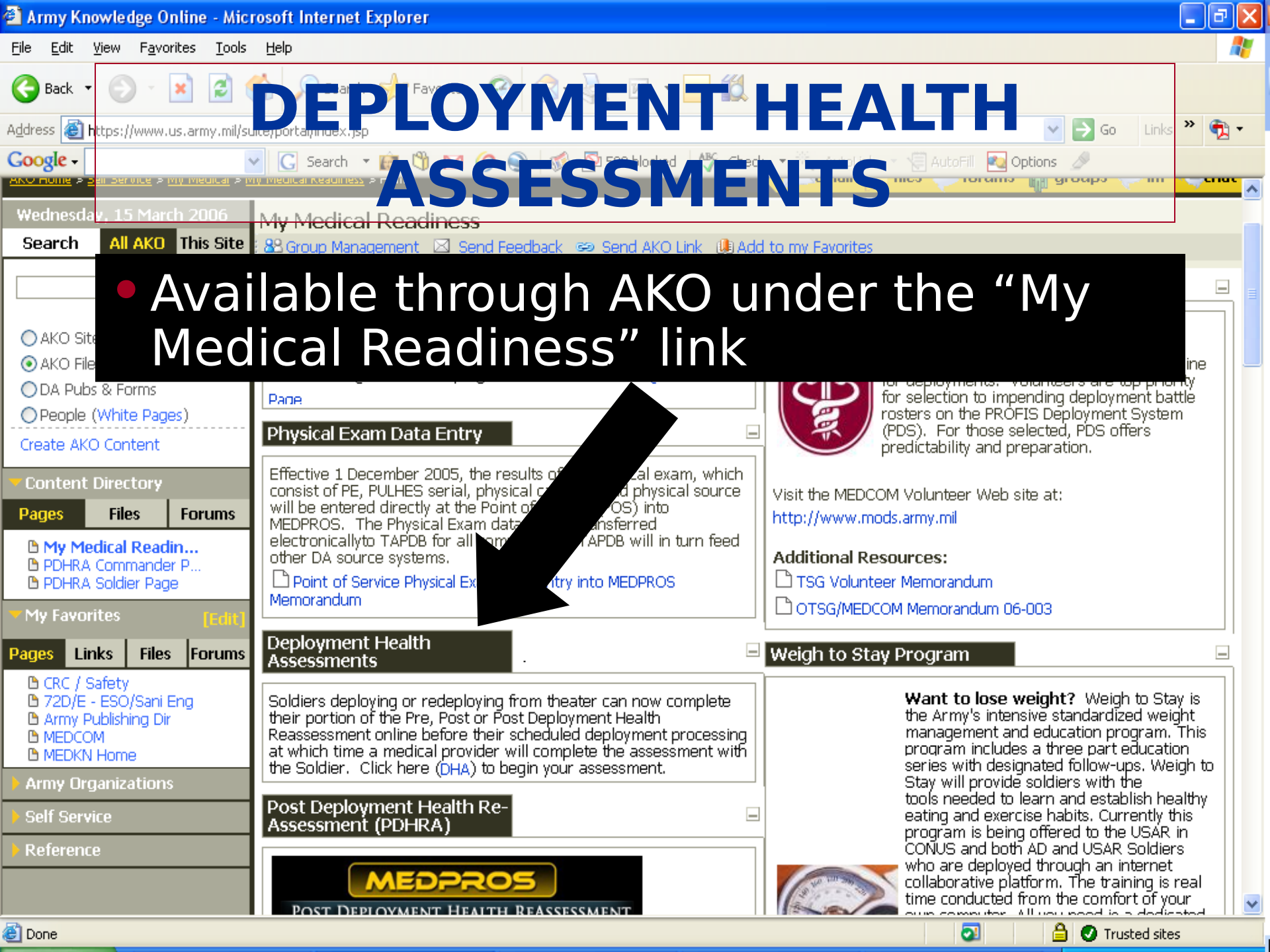
- Dust levels are consistently higher than other areas of the world
- Smoke and air pollution are similar to many industrial areas in the US
- Can cause runny nose, sore throat and cough; may worsen allergies
- Symptoms usually resolve in a few days after leaving the area; if not, seek medical attention

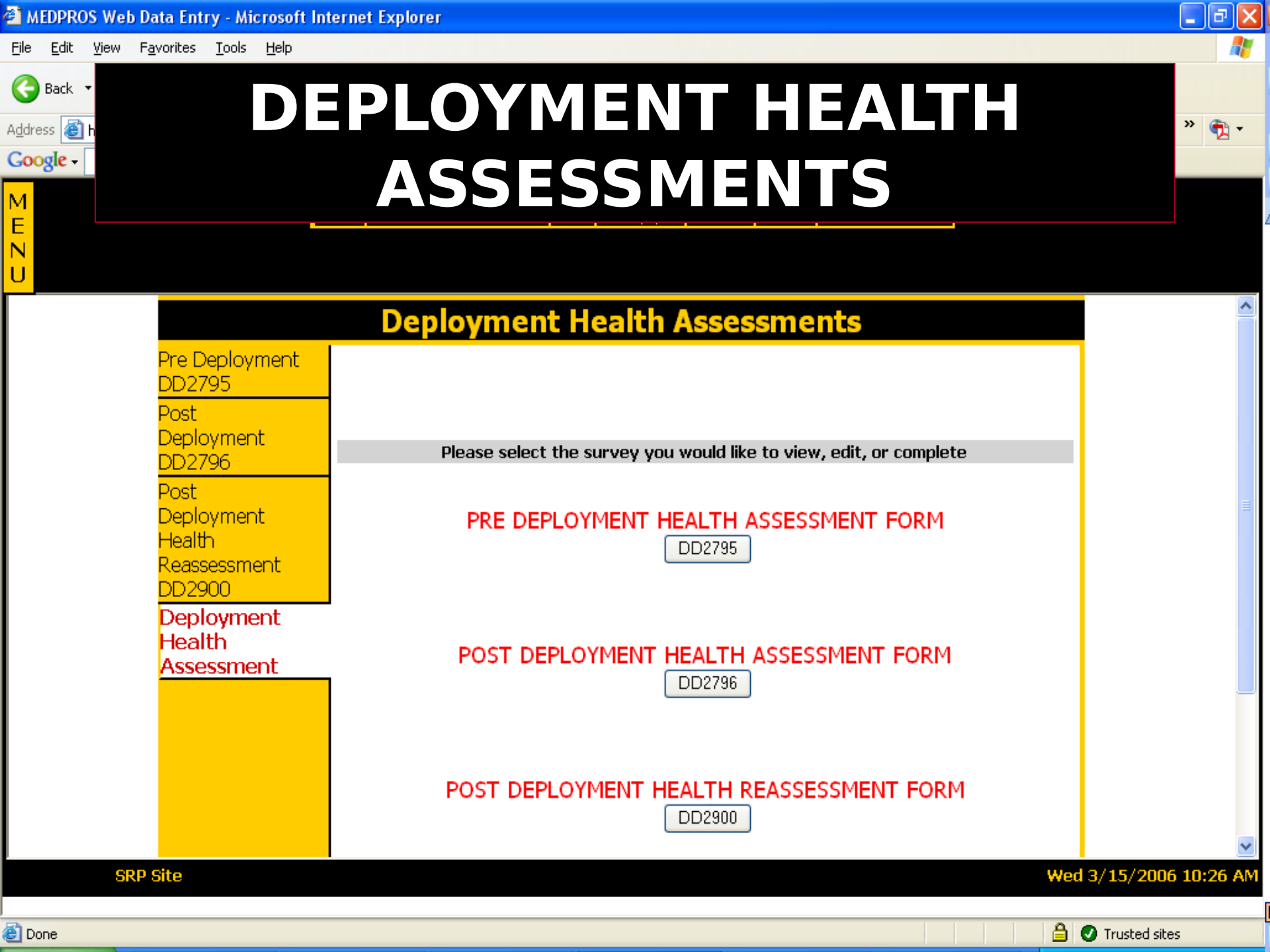
# Post Deployment Requirements

- In-theater
  - Receiving this post-deployment medical threat briefing
  - Completing the Post-Deployment Health Assessment (DD Form 2796)
  - Receiving post-deployment medical screening (of 2796), testing, and follow-up
  - Understanding where to go for health problems or concerns after you return home
- Home Station
  - TB skin test, blood draw and referral appointments, DD 2900

# DEPLOYMENT HEALTH ASSESSMENTS

- Available through AKO under the “My Medical Readiness” link


Army Knowledge Online - Microsoft Internet Explorer
My Medical Readiness
Group Management
Send Feedback
Send AKO Link
Add to my Favorites
Physical Exam Data Entry
Deployment Health Assessments
Soldiers deploying or redeploying from theater can now complete their portion of the Pre, Post or Post Deployment Health Reassessment online before their scheduled deployment processing at which time a medical provider will complete the assessment with the Soldier. Click here (DHA) to begin your assessment.
Post Deployment Health Re-Assessment (PDHRA)
MEDPROS
Weigh to Stay Program
Want to lose weight? Weigh to Stay is the Army's intensive standardized weight management and education program.
Additional Resources:
TSG Volunteer Memorandum
OTSG/MEDCOM Memorandum 06-003
Visit the MEDCOM Volunteer Web site at:
http://www.mods.army.mil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DEPLOYMENT HEALTH ASSESSMENTS
MENU
Deployment Health Assessments
Pre Deployment DD2795
Post Deployment DD2796
Post Deployment Health Reassessment DD2900
Deployment Health Assessment
Please select the survey you would like to view, edit, or complete
PRE DEPLOYMENT HEALTH ASSESSMENT FORM
DD2795
POST DEPLOYMENT HEALTH ASSESSMENT FORM
DD2796
POST DEPLOYMENT HEALTH REASSESSMENT FORM
DD2900
SRP Site
Wed 3/15/2006 10:26 AM
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Trusted sites

# Post-Deployment Health Assessment Form

## Page 1: Service Member Administrative Information

33348

**POST-DEPLOYMENT** **Health Assessment**

Authority: 10 U.S.C. 136 Chapter 55. 1074f, 3013, 5013, 8013 and E.O. 9397

Principal Purpose: To assess your state of health after deployment outside the United States in support of military operations and to assist military healthcare providers in identifying and providing present and future medical care to you.

Routine Use: To other Federal and State agencies and civilian healthcare providers, as necessary, in order to provide necessary medical care and treatment.

Disclosure: (Military personnal and DoD civilian Employees Only) Voluntary. If not provided, healthcare WILL BE furnished, but comprehensive care may not be possible.

INSTRUCTIONS: Please read each question completely and carefully before marking your selections. Provide a response for each question. If you do not understand a question, ask the administrator.

**Demographics**

Last Name

First Name MI

Name of Your Unit or Ship during this Deployment

Today's Date (dd/mm/yyyy)

Social Security Number

DOB (dd/mm/yyyy)

Date of arrival in theater (dd/mm/yyyy)

Date of departure from theater (dd/mm/yyyy)

**Gender**
- O Male
- O Female

**Service Branch**
- O Air Force
- O Army
- O Coast Guard
- O Marine Corps
- O Navy
- O Other

**Component**
- O Active Duty
- O National Guard
- O Reserves
- O Civilian Government Employee

**Pay Grade**

| | | |
|---|---|---|
| O E1 | O O01 | O W1 |
| O E2 | O O02 | O W2 |
| O E3 | O O03 | O W3 |
| O E4 | O O04 | O W4 |
| O E5 | O O05 | O W5 |
| O E6 | O O06 | |
| O E7 | O O07 | O Other |
| O E8 | O O08 | |
| O E9 | O O09 | |
| | O O10 | |

**Location of Operation**

| | | |
|---|---|---|
| O Europe | O Australia | O South America |
| O SW Asia | O Africa | O North America |
| O SE Asia | O Central America | O Other |
| O Asia (Other) | O Unknown | |

To what areas were you mainly deployed:
(mark all that apply - list where/date arrived)

| | | | |
|---|---|---|---|
| O Kuwait | | O Iraq | |
| O Qatar | | O Turkey | |
| O Afghanistan | | O Uzbekistan | |
| O Bosnia | | O Kosovo | |
| O On a ship | | O CONUS | |
| | | O Other | |

Name of Operation:

Occupational specialty during this deployment
(MOS, NEC or AFSC)

Combat specialty:

**Administrator Use Only**

Indicate the status of each of the following:

| Yes | No | N/A | |
|---|---|---|---|
| O | O | O | Medical threat debriefing completed |
| O | O | O | Medical information sheet distributed |
| O | O | O | Post Deployment serum specimen collected |

Reset

33348

DD FORM 2796, APR 2003 PREVIOUS EDITION IS OBSOLETE. ASD(HA) APPROVED

# Post Deployment Health Assessment Form

- DD Form 2796 must be completed no more than 30 days prior to departing for home station
- Page 1: Administrative information
  - Deployment location
  - Country, list all
  - Operation Iraqi Freedom

*You will need your DD 2796 in hand to depart from theater* Do not pack it in your bags

# Post Deployment Health Assessment Form

*Please answer all questions in relation to THIS deployment*

1. **Did your health change during this deployment?**
   - ○ Health stayed about the same or got better
   - ○ Health got worse

2. **How many times were you seen in sick call during this deployment?** ☐☐ No. of times

3. **Did you have to spend one or more nights in a hospital as a patient during this deployment?**
   - ○ No
   - ○ Yes, reason/dates: _____

4. **Did you receive any vaccinations just before or during this deployment?**
   - ○ Smallpox (leaves a scar on the arm)
   - ○ Anthrax
   - ○ Botulism
   - ○ Typhoid
   - ○ Meningococcal
   - ○ Other, list: _____
   - ○ Don't know
   - ○ None

5. **Did you take any of the following medications during this deployment?** *(mark all that apply)*
   - ○ PB (pyridostigmine bromide) nerve agent pill
   - ○ Mark-1 antidote kit
   - ○ Anti-malaria pills
   - ○ Pills to stay awake, such as dexedrine
   - ○ Other, please list _____
   - ○ Don't know

6. **Do you have any of these symptoms now or did you develop them anytime during this deployment?**

| No | Yes During | Yes Now | | No | Yes During | Yes Now | |
|---|---|---|---|---|---|---|---|
| ○ | ○ | ○ | Chronic cough | ○ | ○ | ○ | Chest pain or pressure |
| ○ | ○ | ○ | Runny nose | ○ | ○ | ○ | Dizziness, fainting, light headedness |
| ○ | ○ | ○ | Fever | ○ | ○ | ○ | Difficulty breathing |
| ○ | ○ | ○ | Weakness | ○ | ○ | ○ | Still feeling tired after sleeping |
| ○ | ○ | ○ | Headaches | ○ | ○ | ○ | Difficulty remembering |
| ○ | ○ | ○ | Swollen, stiff or painful joints | ○ | ○ | ○ | Diarrhea |
| ○ | ○ | ○ | Back pain | ○ | ○ | ○ | Frequent indigestion |
| ○ | ○ | ○ | Muscle aches | ○ | ○ | ○ | Vomiting |
| ○ | ○ | ○ | Numbness or tingling in hands or feet | ○ | ○ | ○ | Ringing of the ears |
| ○ | ○ | ○ | Skin diseases or rashes | | | | |
| ○ | ○ | ○ | Redness of eyes with tearing | | | | |
| ○ | ○ | ○ | Dimming of vision, like the lights were going out | | | | |

7. **Did you see anyone wounded, killed or dead during this deployment?** *(mark all that apply)*
   - ○ No ○ Yes - coalition ○ Yes - enemy ○ Yes - civilian

8. **Were you engaged in direct combat where you discharged your weapon?**
   - ○ No ○ Yes ( ○ land ○ sea ○ air )

9. **During this deployment, did you ever feel that you were in great danger of being killed?**
   - ○ No ○ Yes

10. **Are you currently interested in receiving help for a stress, emotional, alcohol or family problem?**
    - ○ No ○ Yes

11. **Over the LAST 2 WEEKS, how often have you been bothered by any of the following problems?**

| None | Some | A Lot | |
|---|---|---|---|
| ○ | ○ | ○ | Little interest or pleasure in doing things |
| ○ | ○ | ○ | Feeling down, depressed, or hopeless |
| ○ | ○ | ○ | Thoughts that you would be better off dead or hurting yourself in some way |

Reset

33348

DD FORM 2796, APR 2003

12. **Have you ever had any experience that was so frightening, horrible, or upsetting that, IN THE PAST MONTH, you ....**

| No | Yes | |
|---|---|---|
| ○ | ○ | Have had any nightmares about it or thought about it when you did not want to? |
| ○ | ○ | Tried hard not to think about it or went out of your way to avoid situations that remind you of it? |
| ○ | ○ | Were constantly on guard, watchful, or easily startled? |
| ○ | ○ | Felt numb or detached from others, activities, or your surroundings? |

13. **Are you having thoughts or concerns that ...**

| No | Yes | Unsure | |
|---|---|---|---|
| ○ | ○ | ○ | You may have serious conflicts with your spouse, family members, or close friends? |
| ○ | ○ | ○ | You might hurt or lose control with someone? |

14. **While you were deployed, were you exposed to:** *(mark all that apply)*

| No | Sometimes | Often | |
|---|---|---|---|
| ○ | ○ | ○ | DEET insect repellent applied to skin |
| ○ | ○ | ○ | Pesticide-treated uniforms |
| ○ | ○ | ○ | Environmental pesticides (like area fogging) |
| ○ | ○ | ○ | Flea or tick collars |
| ○ | ○ | ○ | Pesticide strips |
| ○ | ○ | ○ | Smoke from oil fire |
| ○ | ○ | ○ | Smoke from burning trash or feces |
| ○ | ○ | ○ | Vehicle or truck exhaust fumes |
| ○ | ○ | ○ | Tent heater smoke |
| ○ | ○ | ○ | JP8 or other fuels |
| ○ | ○ | ○ | Fog oils (smoke screen) |
| ○ | ○ | ○ | Solvents |
| ○ | ○ | ○ | Paints |
| ○ | ○ | ○ | Ionizing radiation |
| ○ | ○ | ○ | Radar/microwaves |
| ○ | ○ | ○ | Lasers |
| ○ | ○ | ○ | Loud noises |
| ○ | ○ | ○ | Excessive vibration |
| ○ | ○ | ○ | Industrial pollution |
| ○ | ○ | ○ | Sand/dust |
| ○ | ○ | ○ | Depleted Uranium (If yes, explain) _____ |
| ○ | ○ | ○ | Other exposures _____ |

15. **On how many days did you wear your MOPP over garments?** ☐☐ No. of days

16. **How many times did you put on your gas mask because of alerts and NOT because of exercises?** ☐☐ No. of times

17. **Were you in or did you enter or closely inspect any destroyed military vehicles?**
    - ○ No ○ Yes

18. **Do you think you were exposed to any chemical, biological, or radiological warfare agents during this deployment?**
    - ○ No ○ Don't know
    - ○ Yes, explain with date and location

_____

_____

_____

DD FORM 2796, APR 2003

Reset

33348

# Post Deployment Health Assessment Form

- Page 2:  Service Member Report
  - Report vaccinations, medications, and health care during deployment process
  - Report experiences, symptoms or concerns
- Page 3:  Service Member Report
  - Report possible exposures and duration
  - Identify potentially hazardous situations that may concern you

*You will need your DD 2796 to out-process from theater*

# Post-Deployment Health Assessment Form

# Page 4: Health Care Provider Assessment

**Health Care Provider Only**

SERVICE MEMBER'S SOCIAL SECURITY # ☐☐☐ — ☐☐ — ☐☐☐☐

**Post-Deployment Health Care Provider Review, Interview, and Assessment**

**Interview**

1. Would you say your health in general is: ○ Excellent ○ Very Good ○ Good ○ Fair ○ Poor
2. Do you have any medical or dental problems that developed during this deployment? ○ Yes ○ No
3. Are you currently on a profile or light duty? ○ Yes ○ No
4. During this deployment have you sought, or do you now intend to seek, counseling or care for your mental health? ○ Yes ○ No
5. Do you have concerns about possible exposures or events during this deployment that you feel may affect your health? ○ Yes ○ No
   Please list concerns: _____
6. Do you currently have any questions or concerns about your health? ○ Yes ○ No
   Please list concerns: _____

**Health Assessment**

After my interview/exam of the service member and review of this form, there is a need for further evaluation as indicated below. (More than one may be noted for patients with multiple problems. Further documentation of the problem evaluation to be placed in the service member's medical record.)

**REFERRAL INDICATED FOR:**

- ○ None
- ○ Cardiac
- ○ Combat/Operational Stress Reaction
- ○ Dental
- ○ Dermatologic
- ○ ENT
- ○ Eye
- ○ Family Problems
- ○ Fatigue, Malaise, Multisystem complaint
- ○ Audiology
- ○ GI
- ○ GU
- ○ GYN
- ○ Mental Health
- ○ Neurologic
- ○ Orthopedic
- ○ Pregnancy
- ○ Pulmonary
- ○ Other _____

**EXPOSURE CONCERNS (During deployment):**

- ○ Environmental
- ○ Occupational
- ○ Combat or mission related
- ○ None

Comments: _____

I certify that this review process has been completed.
Provider's signature and stamp:

This visit is coded by V70.5 _ _ 6

Date (dd/mm/yyyy) ☐☐ / ☐☐ / ☐☐☐☐

**End of Health Review**



Reset

# Redeployment Requirements

- In-theater
  - Redeployment medical threat briefing
  - Post-deployment health assessment (DD Form 2796)
  - Post-deployment medical screening, testing, and follow-up
  - Know where to go for health problems or concerns after you return home
- Home Station
  - Tuberculosis skin test, blood draw and referral appointments, DD2900

# Post Deployment Health Assessment Form

- Page 4: Health Assessment
  - Face-to-face discussion with Health Care Provider (HCP)
  - Answer based on how you are feeling today
  - Review of completed DD 2796 with HCP
  - Follow-up may be recommended at home station
  - Answering yes to any questions will not delay your departure from theater

*Hand-carry a copy of your DD 2796 all the way through your home station out-processing*

# Redeployment Requirements

- In-theater
  - Redeployment medical threat briefing
  - Post-deployment health assessment (DD Form 2796)
  - Post-deployment medical screening, testing, and follow-up
  - **Know where to go for health problems or concerns after you return home**
- Home Station
  - Tuberculosis skin test, blood draw and referral appointments, DD2900

# Directions for post-deployment health questions and concerns

- Step 1
  - Be aware that some conditions (like malaria, tuberculosis, and others) may not produce symptoms for weeks to months after you return home.
- Step 2
  - Contact your local MTF or civilian health care provider for problems, questions, or concerns noticed after re-deployment, and make sure to tell him/her about your deployment.
- Step 3
  - If you feel ill, your primary health care provider can do an initial assessment. If symptoms persist or your condition is not improving, make sure you return to your health care provider.
- Step 4
  - The DoD Deployment Health Clinical Center is always available to answer your questions, and any questions your health care provider (civilian or military) may have about your health.

# DoD Deployment Health Clinical Center

**Walter Reed Army Medical Center**
**6900 Georgia Avenue, NW**
**Building 2, Room 3G04**
**Washington, DC 20307-5001**
**Phone: (202) 782-6563**
**Fax: (202) 782-3539**
**DSN: 662-3577**
**Toll Free Help Line: (800) 796-9699**
**http://www.pdhealth.mil**

**Remember “deploymenthealth.mil”**

# Redeployment Requirements

- In-theater
  - Redeployment medical threat briefing
  - Post-deployment health assessment (DD Form 2796)
  - Post-deployment medical screening, testing, and follow-up
  - Know where to go for health problems or concerns after you return home
- **Home Station**
  - **Tuberculosis skin test, blood draw and referral appointments, DD2900**

# Preventive Measures Required

- Tuberculosis Skin Test
  - A skin test on the forearm to show if you have been exposed to tuberculosis
  - Delayed onset of positive test in some folks requires that you be tested twice:
    - At the time of redeployment
    - At 3-6 months after redeployment

    (Date will be indicated on your DD Form 2796)
  - You must return 48-72 hours after the test to have it read and documented by a health care professional
- Blood sample taken at home station

# DD FORM 2900

- Post Deployment Health Reassessment
  - Completed 3-6 months after re-deployment
  - Must complete the demographic information portion; the remainder of the form is voluntary
  - The form will be completed through AKO or MEDPROS at a screening location
  - A healthcare provider will review and discuss your answers with you

# Blood Donation

- If you get malaria you will be deferred from donating blood for 3 years

Soldiers who have been to Iraq cannot donate blood for a year after redeploying.

# Reunion with family and friends

- Reunion is a part of the deployment cycle and can be filled with joy and stress. Reintegration into the family structure is a critical process.
- Refer to the ***A Soldier and Family Guide to redeploying*** for things to remember during reunio friends.
- Chaplains and counselor are available to help cop with homecoming stress

# Summary

- Background
- Post Deployment Requirements
- Potential health threats
- Completion of DD Form 2796
- Where to go for health information
- Homecoming Stress

# Conclusion

It is important to the US military and the Nation that you enjoy good health as you rejoin your family and friends upon return to home station.

If you have health problems or concerns, it is critical that you let someone know. It will not delay your departure for home station.

Are there any questions?